## **Utah Department of Corrections - Application for Visitation**

[] New Adult Application [] New Adult and Minor Application [] Renewal [] Information Change

**Inmate Number** 

Applicant SSN

**Housing Unit** 

Applicant DOB

Relationship to Inmate:

**Applicant Phone Number** 

Inmate/Adult Applicant Information

Inmate Name (Last, First, Middle)

Applicant Name (Last, First, Middle)

| Previously Used Names (Maiden, Aliases, Nicknames, etc.)    |                       |                   |          |                                   |                  |               | Marital Status          |
|---|-----------------------|-------------------|----------|-----------------------------------|------------------|---------------|-------------------------|
| Applicant Ma  | iling Address         |                   | State    | ZIP Code                          | Applicant Email  |               |                         |
|   |                       |                   |          |                                   |                  |               |                         |
| Applicant Dri   | ver's License/ ID Nur | mber              |          |                                   | State            |               |                         |
| Applicant Driver's License/ ID Number                       |                       |                   |          |                                   |                  |               |                         |
|   |                       |                   |          |                                   |                  |               |                         |
|   |                       |                   |          |                                   |                  |               |                         |
| Guardian Name (Last, First, Middle) If different from above |                       |                   |          | Applicant Relationship to Minors: |                  |               |                         |
| Minor Name (Last, First, Middle)                            |                       |                   |          |                                   | Minor SSN        | Minor DOB     | Relationship to Inmate: |
| Minor Name (Last, First, Middle)                            |                       |                   |          |                                   | Minor SSN        | Minor DOB     | Relationship to Inmate: |
| Minor Name (Last, First, Middle)                            |                       |                   |          |                                   | Minor SSN        | Minor DOB     | Relationship to Inmate: |
| Minor Name (  | Last, First, Middle)  |                   |          |                                   | Minor SSN        | Minor DOB     | Relationship to Inmate: |
| Minor Name (  | Last, First, Middle)  |                   |          |                                   | Minor SSN        | Minor DOB     | Relationship to Inmate: |
| Minor Name (  | Last, First, Middle)  |                   |          |                                   | Minor SSN        | Minor DOB     | Polotionahin to Inmeter |
| winor Name (  | Last, First, Wilddie) |                   |          |                                   | Willior 55N      | Millior DOB   | Relationship to Inmate: |
| Minor Name (Last, First, Middle)                            |                       |                   |          |                                   | Minor SSN        | Minor DOB     | Relationship to Inmate: |
| Minor Name (Last, First, Middle)                            |                       |                   |          |                                   | Minor SSN        | Minor DOB     | Relationship to Inmate: |
|   |                       |                   |          |                                   | · · ·            | <u> </u>      | Į.                      |
|   |                       | Falsification of  | any      | informatio                        | n will result in | a DENIAL      |                         |
|   |                       | _                 | rmat     | ion provid                        | ed is correct,   | and you agree | to follow the visiting  |
| rules and all officer directions:                           |                       |                   |          |                                   |                  |               |                         |
| Printed Name Signa  |                       |                   | ignatu   | iture                             |                  |               | Date Signed             |
|   |                       |                   |          |                                   |                  |               |                         |
| Visiting S  | taff Section:         |                   |          |                                   |                  |               |                         |
| License:  | Valid                 | Suspended/Denie   | d F      | BI Number:                        |                  |               |                         |
| State:  | No Record             | Record            | +        |                                   |                  |               |                         |
| Nation:<br>Warrants:  | No Record             | Record            | —  °     | SID Number:                       |                  |               |                         |
| ThrIVE Status   | N/A                   | Active            | . +      |                                   |                  |               |                         |
|   | 2                     | Cannot Be Entered | 2 V      | Varrant Numbe                     | er:              |               |                         |
| Date Receive  | d:                    |                   | L        |                                   |                  |               |                         |
|   |                       |                   |          | Approved                          |                  |               | Denied                  |
|   |                       |                   |          | Comments:                         |                  |               |                         |
|   |                       |                   |          |                                   |                  |               |                         |
|   |                       |                   |          |                                   |                  |               |                         |
| Officer Signa   | ture:                 |                   | $\dashv$ |                                   |                  |               |                         |
| _   |                       |                   |          |                                   |                  |               |                         |
|   |                       |                   |          |                                   |                  |               |                         |
|   |                       |                   |          |                                   |                  |               |                         |

## **Utah Department of Corrections - Application for Visitation**

[] New Adult Application [] New Adult and Minor Application [] Renewal [] Information Change

| Acknowledgement   |                        |  |  |  |  |
|---|------------------------|--|--|--|--|
| Failure to answer the following questions honestly and completely will result in a denial.  Answering "Yes" to questions 1 – 5 will require a written explanation.  | •                      |  |  |  |  |
| Are you a current or former employee of the Utah Department of Corrections?   | ☐ Yes<br>☐ No          |  |  |  |  |
| 2. Are you a current or former volunteer, contractor, or student intern for the Utah Department of Corrections?   | ☐ Yes<br>☐ No          |  |  |  |  |
| 3. Are you a victim of the inmate (current and past crimes included)?   | ☐ Yes<br>☐ No          |  |  |  |  |
| 4. Are any of your family members victims of the inmate (current and past crimes included)?   | ☐ Yes<br>☐ No          |  |  |  |  |
| 5. If this application includes minors, are any of the minor applicants a victim of the inmate (current and past crimes included)?  | ☐ Yes<br>☐ No          |  |  |  |  |
| 6. Do you acknowledge that minor applicants may be only accompanied by the minor's grandparent or adult sibling only if a permission letter (see below) has been received and approved by visiting staff?   | ☐ Yes<br>☐ No          |  |  |  |  |
| 7. Do you acknowledge that minor applicants may not be accompanied by the minor's step-parent, step-grandparent, step-sibling, or extended family members? (Exceptions may be made on a case-by-case basis) | ☐ Yes<br>☐ No          |  |  |  |  |
| 8. Do you agree to follow the Visiting Rules, as outlined on corrections.utah.gov?  | ☐ Yes<br>☐ No<br>☐ Yes |  |  |  |  |
| 9. Do you agree to follow the Visiting Dress Code, as outlined on corrections.utah.gov?   |                        |  |  |  |  |
| Document Checklist  |                        |  |  |  |  |
| Failure to include the necessary documentation will result in a denial.   |                        |  |  |  |  |
| Adults/Minors 16+: Color photo of state-issued ID(s)*   |                        |  |  |  |  |
| Minors: Color copy of Birth Certificate(s)  |                        |  |  |  |  |
| Non-Parent Guardians: Proof of guardianship for each minor  |                        |  |  |  |  |
| Adult Sibling(s)/Grandparent(s): Proof of relationship to each minor  |                        |  |  |  |  |

Submit this application via one of the methods below:

Visitors w/ Medical Devices: A doctor's note verifying medical device

Mail: Utah State Prison, Attn: Visiting, P.O. Box 250, Draper, UT 84020 / Email: uspvisiting@utah.gov / Fax: 801-576-7015 Mail: Central Utah Correctional Facility, Attn: Visiting, P.O. Box 898, Gunnison, UT 84634 / Email: <a href="mailto:cucfvisiting@utah.gov">cucfvisiting@utah.gov</a>

Adult Sibling(s)/Grandparent(s): Written and notarized permission letter from each minor's parent/legal guardian

\*If you submit this application via email, the photo needs to be a JPEG or PNG type file. PDF and other file types will not be accepted.